



Request for Information

Thank you for your interest in the Keystone State Challenge Academy.

Please complete the form below and an Admissions Advisor will reach out to you to discuss more about the program.

Section 1: Youth's Information				
Last Name		First Name		Age
Gender	Address Line 1		Address Line 2	
City		State	Zip	County

Section 2: Parent/ Legal Guardian Information				
Last Name		First Name		Relationship to Youth
				<input type="checkbox"/> Parent/Step-Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____
Address Line 1 (If different than youth's)			Address Line 2	
City		State	Zip	
Phone Number		Email		
Preferred Contact Method			Best Time to Contact	
<input type="checkbox"/> Phone		<input type="checkbox"/> Email		
<input type="checkbox"/> Text Message		<input type="checkbox"/> Mail		

Section 3: Additional Questions (To Be Completed by Youth)			
How did you find out about the Keystone State Challenge Academy?			
Why do you wish to be accepted into the Keystone State Challenge Academy?			
Have you ever been convicted of/ facing criminal charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at-risk of not completing high school or have dropped out?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return this form by:
 Email: RA-MVPACHALLENGE@pa.gov
 Mail: BLDG 0-13A
 Fort Indiantown Gap
 Annville, PA 17003